



Recertification Notice of Intent (NOI)
Individual Treatment Facility Discharge General Permit ARG550000

You must complete, certify, and sign this Recertification Notice of Intent (NOI) form and return it to the Department in order to continue permit coverage under the General Permit ARG550000. You must submit this form no later June 30, 2014. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550398 AFIN: 70-00473
Permittee Name: Anthony Forest Products Company

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

Facility Address:	Current Information in ADEQ's Database	Corrections, If Needed
	P.O. Box 724	
	Strong, AR 71765	
Responsible Official:		
Responsible Official Email:		
Cognizant Official:	Stephen Murphy	
Cognizant Official Email:	smurphy@anthonyforest.com	

1. Have you attached an updated disclosure statement? Yes or ☒ No or N/A
(Individual Homeowners are not required to submit a disclosure statement.)
2. Are the mailing and invoice addresses the same? ☒ Yes or No If "No" please provide invoice address _____
(Individual Homeowners will not receive an invoice)

Outfall Currently Listed in ADEQ's Database*

Outfall	Latitude			Longitude		
001	33°	9'	34.06"	-92°	26'	37.11 "

* If a change to the above outfall is needed, please be sure to provide the outfall number, coordinates, and an explanation of the required changes.

Additional Comments: _____

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

I certify that I have read and will comply with all the requirements of the Individual Treatment Facility Discharge General Permit ARG550000.

Responsible Official Name: Stephen Murphy
Responsible Official Title: General Manager
Responsible Official Signature: Stephen Murphy
Date: 1-7-14

Return the NOI form to the address below or send it electronically to: water.permit.application@adeq.state.ar.us

Water Division, General Permits Section
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317